## Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD

_			_1	7:0	00	200							
						ımn 2)	SMALI TYPE	SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY		
TOTAL CLAIMS			13			-	RAT	E	FEE	٦	RATE	FEE	
FOR			NUMBER FILED NUM		NUME	BER EXTRA	BASIC	FEE :	385.00	OR	BASIC FE	<del> </del>	
TOTAL CHARGEABLE CLAIMS			(3 minus 20= *			£	X\$ 9	=		OR		<del>                                     </del>	
INDEPENDENT CLAIMS			Y minus 3 =  * /				X43:			OR	X86=	86	
М	ULTIPLE DEPE	NDENT CLAIM F	PRESENT	RESENT			+145			1	+290=	100	
* If the difference in column 1 is less than zero, enter "0" in co						column 2	TOTA	_		OR OR	TOTAL	251	
CLAIMS AS AMENDED - PART II										] 0, ,	OTHER	THAN	
_	T	(Column 1)		(Column 2) HIGHEST			SMAL	LEN	ITITY	OR	SMALL	ENTITY	
<b>AMENDMENT A</b>		REMAINING AFTER AMENDMENT		NUMBEF PREVIOUS PAID FOR	R SLY	PRESENT EXTRA	RATE	TI	ADDI- ONAL FEE	41	RATE	ADDI- TIONAL FEE	
ION	Total	*	Minus	**		=	X\$ 9=			OR	X\$18=		
AME	Independent	* ENTATION OF MI	Minus	PENDENT CI	AINA	=	X43=			OR	X86=		
	1		OEIW EE DE	FENDENT CE	Allvi	<u> </u>	+145=			OR	+290=		
								L L		L	TOTAL		
		(Column 1)		(Column :		(Column 3)	ADDIT. FE	<b>- L</b>		J - · · · Æ	ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSI PAID FOR	LY	PRESENT EXTRA	RATE	TIC	DDI- ONAL EEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9=			OR	X\$18=		
AME	Independent	* NTATION OF MU	Minus	***	<u> </u>		X43=			OR	X86=		
			ern ee ber	LIADEIAI CD	TIVI		+145=			OR	+290=		
	•						TOTAL ADDIT. FEE			OR A	TOTAL DDIT. FEE		
(Column 1) (Column 2) (Column 3)											,		
IENI C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSL PAID FOR	Y	PRESENT EXTRA	RATE	TIO	DDI- NAL EE		RATE	ADDI- TIONAL FEE	
AMENDMEN	Total	*	Minus	**		= .	X\$ 9=			OR I	X\$18=		
	Independent		Minus	***	,	=	X43=	1			X86=		
	PINST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT CLA	MIA			-		DR -			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										PR	+290=		
***	the "Highest Num the "Highest Num	nber Previously Pain nber Previously Pain per Previously Paid	d For" IN THIS d For" IN THIS	SPACE is less	than :	20, enter "20."	TOTAL ADDIT. FEE				TOTAL DIT. FEE		
•		and a second second	· or ( rotal of	machemacini) is	uie n	grest number to	una in the ap	propri	at box i	n colun	nn 1.		